



Client: \_\_\_\_\_

DOB: \_\_\_\_\_

## Resting Energy Expenditure Informed Consent

### Purpose and Explanation

While lying on your back in a relaxed position in a darkened climate controlled room, expired air is collected and analyzed for a 30 minute period. This information is used to calculate the total number of calories your body uses per day at rest as well as the mixture of fuels used in the resting condition. The data may be used by our Sport Nutritionist and other SMFC staff to assist in the development of individualized nutrition and/or weight management programming.

### Attendant Risk and Discomfort/Benefits

The procedure involves little to minimal risk. It usually takes a few minutes to get used to the soft mask if you've never worn one. Our staff will do everything possible to affix the correct size mask correctly; and work with you to make you as comfortable as possible. This will ensure the accuracy of our collected data.

### Consent of Patient

I hereby consent to voluntarily engage in the checked/selected Exercise & Sports Science Center procedures. My permission to perform these tests is given voluntarily. I understand that I am free to stop any test at any point if I desire to do so. This may however result in a loss of data; making it more challenging to develop individualized exercise/training recommendations. I have read this form, and I understand the test procedure(s) that I will perform and the attendant risks and discomforts. I have had an opportunity to ask questions and all such questions have been answered to my satisfaction; therefore I consent to participate in the test(s) indicated.

\_\_\_\_\_  
Signature of Client

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian (if client is a minor)

Date \_\_\_\_\_